Rowan-Salisbury Schools

Authorization Agreement for Direct Deposit of Payroll

INSTRUCTIONS: Complete all items and return to the Payroll Department. You will receive your check						
ON PAPER until your account information has been confirmed through the federal banking system.						
PLEASE NOTE: The verification process takes at least one month, and in some cases may take several months. You will need to complete a new form if you change banks or account numbers. You may change your direct deposit on file with the school district no more than twice each school year. Upon separation from employment, your final payroll check will be automatically issued on paper rather than direct deposit.						
New Employees: Direct deposit will not go into effect until all of the necessary paperwork is complete and submitted to Human Resources.						
Important! Please read and sign before completing and submitting. I hereby authorize Rowan-Salisbury Schools to deposit any amounts owed me, by initiating credit entries to my account at the financial institution indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Rowan-Salisbury Schools to my account. In the event that Rowan-Salisbury Schools deposits funds erroneously into my account, I authorize to debit my account for an amount not to exceed the original amount of the erroneous credit.						
Social Security Nu	mber	First Name		MI	Last Name)
School Location	<u> </u>	Signature				Date
						·
Account Information If you wish to deposit to a checking account, you MUST attach a blank check from your checking account with the word "void" written across the front of the check; DO NOT send us a deposit slip. If you wish to deposit to a savings account, you MUST attach a deposit slip which includes your savings account number and routing number. You may elect to distribute your deposit into more than one account. The last item must be for the remaining balance owed to you. Please make sure to indicate what kind of account, along with the amount to be deposited. 1. Bank Name/City.State:						
Routing/Transit#: Account Number:						
	Checking Savings I wish to deposit:\$ or Net Amount					
2. Bank Name/City.State:						
Routing/Transit#: Account Number:						
Checking Savings I wish to deposit:\$ or \textbf{Net Amount}						
3. Bank Name/City.State:						
Routing/Transit#: Account Number:						
Checkir			deposit:\$	MDL CTCD		Net Amount DLL DEPARTMENT
TO BE COMPLE						
Approved by:	***************************************	Date:	Approved b)y:		Date: